

2011 Hillsborough County Personal Injury Protection (PIP) Clinic Registration

Important Information

If you are required to have a PIP Clinic license in Hillsborough County, please carefully read and follow the application instructions below. Hillsborough County's PIP Medical Providers Ordinance No. 11-13 applies to certain PIP Clinics that operate in unincorporated Hillsborough County, and at the present time, the cities of Tampa, Temple Terrace and Plant City.

Beginning upon enactment of Ordinance No. 11-13, no PIP Medical Provider may operate in Hillsborough County without a valid Hillsborough County License except as provided in Section 5 of the Ordinance. In addition, it shall be a violation of the Ordinance for the property owner where the clinic is situated to allow an unlicensed PIP Medical Provider to open or operate without a valid PIP Medical Provider license, except as provided in Section 5.

The "2011 Application for Personal Injury Protection (PIP) Clinic License" must be completed online at www.hillsboroughcounty.org/consumerprotection/PIP/. Once the application is completed by typing in all of the applicable information that is required, the applicant shall print out the completed application, sign and notarize the appropriate sections, and return the completed and signed application with all of the required documents to the:

Consumer Protection Agency, 1101 E. 139th Ave., Tampa, FL 33613

LICENSE REQUIREMENTS

- **PIP Medical Providers Ordinance** – Read and review "PIP Medical Providers Ordinance" number 11-13. It is highly recommended the owner, as well as all persons associated with the management or operation of the clinic read and understand the information that is provided in this ordinance. All PIP Medical Clinics must be operated by a physician licensed pursuant to Chapter 456, 458, 459 or 460, Florida Statutes.
- **Application Fees** – Each application for a PIP clinic license shall be accompanied by a nonrefundable application fee in the amount of \$500. The application fee is in addition to the \$1,500 annual license fee once the application is approved. Checks/money orders are to be made payable to **Hillsborough County Board of County Commissioners**. Cash and credit cards will NOT be accepted. If the application is submitted without the application fee, the application will be denied. If the payment of the application fee or license fee is invalid or uncollectible for any reason, the application will be denied.
- **State Registration and Practitioner Licenses** – If the applicant and/or clinic must be registered or licensed in accordance with state law, such as under Chapter 457, §458.309, §459.005, Chapter 460, Chapter 480, or Chapter 486, Florida Statutes, the registration or license number from the State Department of Health (DOH) must be provided. Also, if the applicant and/or clinic must be licensed or registered under the Florida Agency for Health Care Administration (AHCA) their registration or license number must also be provided. If exempted from registration or licensure with AHCA, proof satisfactory to the Department as to the reason for the exemption must be provided.
- **Designation of Physician** – The clinic will be responsible for the designation of a physician who will be responsible for operating the clinic and complying with all requirements related to the registration and operation of the clinic. The designated physician must have a full, active, and unencumbered license under Florida Statutes Chapters 456, 458, 459 or 460 and shall actively practice at the clinic location for which the physician has assumed responsibility. The phrase "actively practice at the clinic location" means that the designated physician is physically and personally involved in the day-

to-day operation of the clinic and physically present at the clinic location at least three days per calendar week and for at least four hours each of those three days. Within fifteen (15) days after termination or absence of a designated physician, the clinic must notify the Consumer Protection Agency of the identity of another designated physician for the clinic or forfeit the clinic's license.

- **Physician's Responsibility** – Proof satisfactory to the Department must be provided showing that the designated physician is a signor on the applicant's operating bank account and all liability policies. Physicians also are responsible for securing prescription pads so that only a person authorized to issue prescriptions may access them if medications or treatments are prescribed at the clinic. Finally, a physician may not serve or operate as a designated physician for more than five PIP Medical Provider Clinics.
- **Business Tax Receipt** – Each clinic is required to apply for and provide a copy of a valid business tax receipt pursuant to Florida Statutes Chapter 205. The business tax receipt must be issued by the Hillsborough County Tax Collector and be current at all times.
- **Property Owner** – “Section D” of the application if the property owner is different than the clinic owner, the applicant must submit the property owner's name, address, telephone number and a copy of a Florida driver's license or a government issued photo I.D. If the property owner is not an individual (i.e. corporate or business entity), the clinic shall provide a copy of the corporate printout from the Department of State web site www.sunbiz.org
- **List of All Persons Associated with the Management or Operation of the Clinic/FDLE Backgrounds** – “Section I” of the application must be used to list all persons associated with the management or operation of the clinic. The applicant must submit a list of all persons associated with the management or operation of the clinic, whether paid or unpaid, part-time or full time, including all contract labor and independent contractors. This list includes, but is not limited, to all owners, operators, employees and volunteers. For the persons listed, the following information must be provided:
 - The person's title
 - A copy of the person's license issued by the State Department of Health (DOH) to engage in the practice of:
 - (1) Acupuncture pursuant to Chapter 457, F.S.,
 - (2) Medicine pursuant to Chapter 458, F.S.,
 - (3) Osteopathic Medicine pursuant to Chapter 459, F.S.,
 - (4) Chiropractic Medicine pursuant to Chapter 460, F.S.,
 - (5) Physical Therapy pursuant to Chapter 486, F.S., or
 - (6) Massage Therapy pursuant to Chapter 480, F.S.;
 - A current home address, telephone number and date of birth
 - A list of all criminal convictions for each employee whether misdemeanor or felony
 - A copy of a current Florida driver's license or current government issued photo I.D.
 - If more than one owner, the percentage ownership for each owner or shareholder
 - A set of fingerprints (Fingerprints can be obtained at your local Sheriff's office district)
 - *Note: any person who has already gone through a successful background investigation and fingerprinting with the state pursuant to the requirements in Chapter 400, F.S., is exempt from this requirement upon providing sufficient documentation of such investigation and fingerprinting

FDLE requires a new fingerprint card for background checks, regardless if one was provided previously. Fingerprint cards can be obtained at the Consumer Protection Agency located at 1101 E

139th Ave Tampa, FL 33613, or the Florida Department of Law Enforcement Tampa Bay Regional Operations Center located at 4211 N Lois Ave Tampa, FL 33614.

- **Floor Plan** – The applicant must include with the application, a floor plan of the PIP clinic showing the location and size of the waiting area, location and size of the patient rooms and location of any type of diagnostic equipment. In addition, if any controlled substances are dispensed at the site or are stored at the site, the location and method of security for said controlled substances must be declared on the floor plan.
- **Hours of Operation** - PIP Medical Providers shall at a minimum, be open to the public for business no less than three days a week with regularly scheduled business hours to see walk-in clients or patients, or for allowing clients and patients to make appointments for services, therapy, or other treatment. During the minimum business hours established above for a clinic being open to the public, the clinic's telephone number for making appointments shall be answered directly by a clinic employee and not by a prerecorded message. It shall be prima facie evidence that a clinic is not open for business to the public during the minimum business hours if the clinic's telephone is not answered directly by a clinic employee after three attempts within one minimum business hour time period. Nothing in Ordinance 11-13 shall prohibit a PIP clinic from being open for business in excess of the minimum business hours established.
- **Inspections** – Any time the clinic is open or occupied, the clinic must allow for inspections by a code enforcement officer, law enforcement officer, or any other person authorized to enforce ordinance violations in Hillsborough County. Failure to do so will result in license denial or revocation.
- **Sworn and Notarized Statement** – The applicant must provide a sworn and notarized statement from both the designated physician and the clinic owner attesting to the veracity and accuracy of the information provided in the application.

The applicant is responsible for forwarding all of the required forms to Hillsborough County Consumer Protection Agency, 1101 E. 139th Ave., Tampa, FL 33613. If the application for a PIP license is not properly completed, at the sole discretion of the Department, the Department shall notify the designated contact person listed in the application. A corrected or revised application must be received by the Department within fifteen (15) business days of the receipt of the deficiency notice from the Department in order to avoid assessment of another application fee. Failure to timely respond within fifteen (15) days shall result in the denial of the application as incomplete. A new application must then be submitted that is accompanied by the full nonrefundable application fee, in order to request a license.